★ 2000 LOUISIANA Nonresident and Part-year Resident

WEB

		PLEASE PRI	NT IN ALL CA	APITAL LE	TTERS.			- 1	'iea	se u	se i	olac	K In	K OI	nıy.				
If your na as chang mark this	ged,	Your first name and initial					+ [T	П			T	T	Т		our Soc		bor	
box		If joint return, spouse's name and initial	Last name					Ē	÷	Ħ	H	=	÷	÷	÷		ouse's		
								→L							L		curity I		
our addi as chand		Present home address (number and street including	g apartment numbe	er or rural route	e)							IMI	POR	ATA	NT!				
nark this									Yo	u mi	ust	prir	nt vo	our S	SSN	l(s)	abo	ve	
box		City, town, or post office		State	ZIF)				_		•	-			` ′	his bo		
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, F	FILING	G STATUS: Print the appropriate numbe	r in		PTIONS:										•				
tl		g status box. It must agree with federal retur		6A eve	n if some	one els	se claim	ed yo	u on	their 1	eder	al ta	x retu	rn.					
⊆ ທ ∎		Print a "1" in box if single.		A X Y	ourself		65 or		В	lind							Total	-6	
the filing status box. It must agree with federal return. Print a "1" in box if single. Print a "2" in box if married filing jointly. Print a "3" in box if married filing separately Print a "4" in box if head of household. Print a "5" in box if qualifying widow(er). If the qualifying person is not your dependent, print name here. If you are not required to file a federal return, indicate tine 33, OR federal Form 1040E2, worksheet, Line "I". If your federal adjusted gross income is less than LOUISIANA INCOME - Print the amount from your federal return that is taxable to Louisiana. Attach a schedule		-	B 0			older		_						6A &					
5		Print a "3" in box if married filing so		B S	pouse		65 or older		В	llind									
0		Print a "4" in box if head of househ		C. Numbe	er of deper	ndents	(Print nur	nber fr	om Lir	ne 6C of	fede	al retu	ırn, pri	nt nam	es be	low.)	6C		
ַ אַ ב	٠	Print a "5" in box if qualifying wido																	۲
ρ N	If the	qualifying person is not your dependent, print n	ame here.	D. Total	exemptions	s (Total	l of 6A, 6	B, an	d 6C	.)					6D				
<u> </u>						- 1			'n	-	ma	rk th	is bo	Y					
f If yo	ou are	not required to file a federal return,	indicate wa	ges here	,	1.1		ш	. [00				ne 16	A.				
7 F		AL ADJUSTED GROSS INCOME - Print the ar							Ť	7	1			\equiv	F	干			
ν ι Σ	Line 33, workshe	OR federal Form 1040A, Line 19, OR federal Foret, Line "I". If your federal adjusted gross income	rm 1040EZ, Lin is less than zer	e 4, OR fede o, print "0"	eral Telefile		. 7],					丄			00
8 I	IOHISI	ANA INCOME - Print the amount from your f	ederal						Т	$\overline{}$	1	\equiv		=	F	干	$\overline{}$	i	F
r r	return th	nat is taxable to Louisiana. Attach a schedule.					8		L],			,		L			00
9 /	ADJUS	TMENTS TO INCOME - Print any adjustmer	nts to income							$\overline{}$	1	\equiv		=	F	₹		i	Н
) f	from you	ur federal return that apply to Louisiana incom	ie				9],	Ш		┙,	L	上			00
10	TOTAL	LOUISIANA INCOME - Subtract Line 9 from	Line 8. If less	s than zero,			1		Т	Ŧ	1	П			F	Ŧ			
J F	print "0"						10		L],					丄		. '	00
		OF LOUISIANA INCOME TO FEDERAL ALLINE 10 by Line 7. Carry out two decimal place				ND HD									7				07
		centage cannot exceed 100%.)													١.	L			%
If v	vou d	id not itemize your deductions o	n vour fed	leral retu	urn. leav	⁄e Lir	nes 12	a. 12	b. 1	2c. a	nd '	12d	blan	ık ar	d a	o to	Lin	e 11	2E.
_		AL ITEMIZED DEDUCTIONS - Leave blank					.00	۵, ۱۰			1		J. C.		T =	7	-	نعز	Ë
1 1	vour fei	deral Schedule A is blank. If you did itemize, pons from federal Form 1040, Schedule A, Line 2	orint the amoun	nt of your fed	deral itemiz	ed	124				١,			Ι.	ı	П			00
		AL STANDARD DEDUCTION - Leave blank					127						T	= ′	F	₹			
	lf you di 2 or 5 n	d itemize and your filing status is: 1, print \$4,40 print \$7,350; 3, print \$3,675; 4, print \$6,450	00;				12B						L	┙,	L	上			00
1	L 01 0, p	, , , , , , , , , , , , , , , , , , ,	•••••				, ,				1			= '	F	Ŧ		i	
		S FEDERAL ITEMIZED DEDUCTIONS - Let Line 12B from Line 12A and print the balance					120],	Ш		┙,	L	上			00
		·					120				i	П			F	T			
12D 5	50% Ex Multiply	cess federal itemized deduction - <i>Leave bla</i> Line 12C by .50. Round up to the nearest c	<i>nk if you did r</i> lollardid r	not itemize.			12D				,	Ш		,	L	上			00
									Т	T	1	П		$\overline{}$	Т	Ŧ	$\overline{}$		F
12E I	FEDER	AL TAX LIABILITY - See instructions					12E		L],	Ш				丄			00
405 7	TOT 4.1	DEDUCTIONS Addition 10D and 10E					405		F	T	1	П		= '	F	┯		i	_
12F	IOTAL	DEDUCTIONS - Add Lines 12D and 12E					12F		L],	Ш			L	上			00
		ABLE DEDUCTIONS - Multiply Line 12F					1				1	П			F	Ŧ			
t	by the ra	atio on Line 11					12G			L	,	Ш			L	上			00
		ANA NET INCOME - Subtract Line 12G from							Т	Т	1				Т	T			
I	If less th	nan zero, print "0"					13		L],	Ш				上		. '	00
		LOUISIANA INCOME TAX - Print the amour									1					т			
T	from the	e tax computation worksheet in the instructions	S				1	4],					上			00
15 l	LESS C	CREDITS - Attach schedule and explanation.					1	5			1				Г	т			00
								_			1,	Ш				丄		-	UU
		TED LOUISIANA INCOME TAX - Subtract Li									1		П		Г	Т			00
		quired to file a federal return, or if less than zero	o, print "0"				16	A			1,	Ш				丄		-	00
`	You mu	JMER USE TAX - ust mark one No use tax due.	Amou	unt from wo	rksheet		_	_ ▶			1				Г	Т			00
(of these	e boxes.					16	R 🏲			١,			,		上			00
160	ΤΟΤΔΙ	INCOME TAX AND CONSUMER USE TAX	(- Add Lines 1	16A and 16	SB.		16C l		Т		1				Г	т			00
100	·OIAL	INCOME TAX AND CONSUMER USE TAX	Aud LINES	ion allu 10			100]				١,٠			ш,				. '	UU

Over



		Print your Social S	Security Number he	ere.	ш	_
160	D TOTAL INCOME TAX AND CONSUMER USE TA	X - Print from Line 16C	16D			. 00
17A	A TOTAL LOUISIANA INCOME TAX WITHHELD IN	2000 - Attach Form(s) W-2	17A			00
17E	3 PAYMENTS ON 2000 DECLARATIONS, CREDIT FORWARD FROM 1999, AND PAYMENTS WITH		17B	· 🔲, Ϊ		00
170	C INVENTORY TAX CREDIT - See instructions		17C			. 00
170	D TOTAL PAYMENTS - Add Lines 17A, 17B, and 17	C	17D	пп	\square . \square	00
18	BALANCE DUE LOUISIANA - If Line 16D is larger to subtract Line 17D from Line 16D and print amount her lf return is delinquent, see instructions	han Line 17D, e.	PAY THIS AMOUNT. 18		一门	00
19	OVERPAYMENT - If Line 17D is larger than Line 1 from Line 17D and print balance. This is the amount	6D, subtract Line 16D Louisiana owes you	19			. 00
20	Amount of Line 19 you want DONATED.		DONATIONS 20	•		. 00
21 <i>A</i>	A Amount of Line 19 you want REFUNDED to you		REFUND 21A		lacksquare , $lacksquare$. 00
21B	3 Amount of Line 19 you want CREDITED to your 2001	credi	T _{21B} ●], .	00	
1 th 1 2 3 4 5	Louisiana Senior Citizens' Trust Fund Louisiana Breast Cancer Task Force Children's Trust Fund Total Donations - Add Lines 1 through 4. Print I	nere and on Line 20 of Form	to donate all or part of their over cannot exceed the amount of their over the amount of the amount o	of overpayment on Line 1	19 of Form IT-540B. 9. , , , , , , , , , , , , , , , , , , ,	Print on Lines . 00 . 00 . 00 . 00 . 00
ava	ailable information.	Date	Your occupation	Signature of paid preparer		
	-		·			D-11-
Spor	use's signature (If filing jointly, both must sign.)	Date	Spouse's occupation	Telephone number of paid	preparer	Date
tel	Area code and daytime lephone number Individual Incor Calendar year return	rns due 5/15/2001	Social Security Num or FEIN of PAID pre MAIL TO: Department of Rev P. O. Box 3440 Baton Rouge, LA 7082	enue		
	6118		For office use only. Extension claimed Field flag	d Routing		